



**NC DMA Pharmacy Request for Prior Approval  
Topamax**

**Recipient Information**

**DMA-3109**

1. Recipient Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_  
3. Recipient ID #: \_\_\_\_\_ 4. Recipient Date of Birth: \_\_\_\_\_ 5. Recipient Gender: \_\_\_\_\_

**Payer Information**

6. Is this a Medicaid or Health Choice Request? Medicaid: ☐ Health Choice: ☐

**Prescriber Information**

7. Prescribing Provider #: \_\_\_\_\_ NPI: ☐ or Atypical: ☐

8. Prescriber DEA #: \_\_\_\_\_

**Requester Contact Information**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

**Drug Information**

9. Drug Name: **Topamax** 10. Strength: \_\_\_\_\_ 11. Quantity Per 30 Days: \_\_\_\_\_  
12. Length of Therapy (in days): ☐ up to 30 ☐ 60 ☐ 90 ☐ 120 ☐ 180 ☐ 365 ☐ Other: \_\_\_\_\_

**Clinical Information**

1. Does the patient have a diagnosis of seizure disorder? ☐ Yes ☐ No  
2. Has patient received the requested anticonvulsant in the past 6 months? ☐ Yes ☐ No

**Request for Topamax for diagnosis OTHER THAN seizure disorder:**

3. Has patient tried and failed generic topiramate? ☐ Yes ☐ No  
4. Does the patient have a diagnosis of Migraine headache AND have a documented failure with a 60 day trial of a minimum of 2 of the following agents in the past 12 months (B-Blockers, tricyclic antidepressants, divalproex or valproic acid, calcium channel blockers, gabapentin) ☐ Yes ☐ No

List: \_\_\_\_\_

5. Does the patient have a documented adverse reaction or contraindication that precludes trial of 2 of the following agents( B-Blockers, tricyclic antidepressants, divalproex or valproic acid, calcium channel blockers, gabapentin)

☐ Yes ☐ No

List: \_\_\_\_\_

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Prescriber signature mandatory**

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Fax this form to CSC at: (855) 710-1964

Pharmacy PA Call Center: (866) 246-8505

Instructions for completing this form can be found at <http://www.NCTracks.com/PAformhelp>